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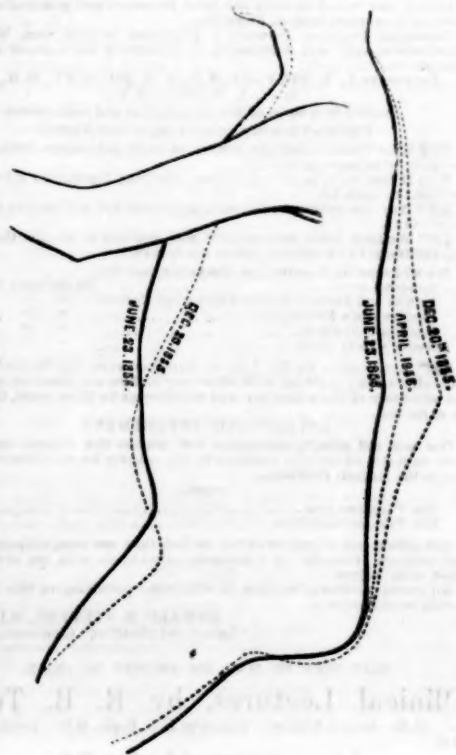
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BY

JOHN C. DALTON, JR., M.D.,

PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY.

LECTURE VI.

At yesterday's lecture, gentlemen, we studied the functions of the organ which receives the first two important branches of the pneumogastric, viz. the larynx, which is supplied with the superior and inferior laryngeal nerves; the former being distributed to its mucous membrane and the latter to its muscles. We find that when the glottis is exposed in the living animal it presents a series of very remarkable and important movements, in connexion with those of respiration as performed by the chest; the glottis opening at the moment of inspiration and closing at the moment of expiration. Now, with regard to the mechanism of these movements, I have only to remind you of the insertion of the posterior crico-arytenoid muscles. These muscles originate from the median line upon the posterior surface of the cricoid cartilage. Their fibres, passing upwards and outwards, are inserted into the external angle of the arytenoid cartilages, drawing these cartilages backwards, and rotating them outwards in such a way that their anterior extremities are separated from each other, together with the vocal chords to which they are attached. You noticed these movements while examining the larynx as exposed yesterday; and we also found, at that time, that the glottis has another function in addition, viz. the formation of the voice. You observed that whenever the animal began to make a vocal sound, the position of the vocal chords was altered. In ordinary inspiration the glottis opens actively; while the movement in expiration is a passive one. But as soon as the animal is about to make a vocal sound, the closure of the glottis in expiration, instead of being passive, becomes active; all the laryngeal muscles contracting vigorously, rendering the vocal chords tense, and approximating them to each other. The air is then driven forcibly through this narrow aperture, producing vibration in the vocal chords and in the column of air passing between them. The larynx has therefore a double office to perform, one part connected with respiration, the other with the formation of the voice. These two functions are both muscular in their character, being presided over by two different sets of muscles. Those which dilate the opening of the glottis are the posterior crico-arytenoid muscles, while all the others have the effect of narrowing the aperture. Now, these muscles are animated by the inferior or recurrent laryngeal branch of the pneumogastric. The consequence of dividing this nerve, therefore, is twofold; first, the paralysis of the voice; secondly, that of the movements of the glottis in respiration. Now, you saw yesterday that when the inferior laryngeal nerves were successively divided, the movements of the corresponding sides of the glottis were arrested at the same time. If both sides of the glottis are therefore paralysed, by a division of both nerves, then the appearance of the glottis during the movements of inspiration and expiration is reversed. Instead of opening at inspiration and closing at expiration, the vocal chords then become simple narrow flexible folds of elastic tissue, incapable of any active movement. They are accordingly forced together by the pressure of the inspired air, and, by falling together like a double valve, they actually become an obstacle to the entrance of air into the trachea.

Now, the extent to which this difficulty of inspiration is produced, after division or injury of the inferior laryngeal nerves, differs in different species of animals, and even in

the same species at different ages. If you take, for example, an adult dog and adult cat, and do the same operation on both, the cat will suffer very much more than the dog; for this reason, that the glottis in the former animal is narrower and more easily occluded, when its power of active dilatation is destroyed.

In young animals of the same species, the opening of the glottis is always comparatively narrow, and the vocal chords and arytenoid cartilages more flaccid than in the adult. A very curious circumstance happened once to Legallois, a French experimenter, who was operating upon a pup, only a few days old, in order to carry out some experiment upon the neck. During the course of the operation, in order to put a stop to the cries of the animal, he determined to divide the inferior laryngeal nerves. He did so, and to his surprise the animal almost instantly died of suffocation.

Now, the effect of dividing the inferior laryngeals may be illustrated in this pup, which is about twelve days old. At this age the glottis has already begun to assume a larger size and a less degree of flaccidity; consequently the effect of the operation will not be so marked as in a pup only two or three days old. Yet I think you will be able to see the much greater influence of this operation upon the pup than on the adult dog. You will notice that the division of the nerves affects first the voice and afterwards the respiration. I will now raise one of the inferior laryngeal nerves upon the ligature, and divide it; and you observe already that the character of the voice is altered. The blade of the scissors is now under the remaining nerve, and the moment I divide it you will find that the voice ceases altogether. You notice also that there is now a peculiar *sucking* sound produced in inspiration, caused by the physical obstacle to the introduction of the air, by the paralysed and flaccid vocal chords.

Now, this difficulty of respiration, in these cases, is very much increased by disturbing or exciting the animal. For so long as the movement of inspiration is a slow and gradual one, the impediment to the entrance of air may not be very great; but if the movement be sudden and forcible, it may cause such an amount of obstruction as to produce death in the course of half an hour, or even less. It is evident that the movements of respiration in this instance are quite different from what they were before. The animal, instead of breathing quietly and at his ease, is now entirely occupied in the business of respiration; and he finds it difficult to accomplish this, though exerting all his force to fill the chest with air. He is very much in the condition of a child suffering from membranous croup, in which the glottis is obstructed by an inflammatory exudation, and the entrance of the air consequently interfered with.

Now, after death from division of the pneumogastric nerves on both sides of the neck, it has been found that the lungs have usually suffered a very remarkable alteration. They become engorged, and present an appearance somewhat similar to that of hepatization. It is, in fact, a peculiar kind of hepatization. We must not, however, suppose that this condition is produced directly by the division of the pneumogastric nerves. Experiment has shown that this is not the case; but that the alteration is due to a kind of suffocation, in the production of which paralysis of the larynx takes a very prominent part. In the adult animal this suffocation is a slow one. Not only are the movements of respiration less frequent than before the division of the nerves, but they are also less complete; because the air can no longer find its usual free access into the pulmonary cavity. Here is the animal in which the pneumogastric nerves were divided yesterday. Since that time he has remained crouched in a corner of the room, indisposed to move, but at the same time not manifesting any remarkable distress. He has shown no signs of pain. The principal effect of the operation has been a diminution in the frequency of the respiratory movements. Any movement of the animal, or any excitement whatever, will, of course, produce an increased frequency in the movements of

respiration; as in the natural condition; but when he is allowed to remain quiet, the respiratory movements are reduced to about ten per minute, which is a diminution in frequency of at least one-half. The respiratory movements will probably continue to grow slower until they are reduced to ten, eight, seven, six, five, or even four per minute, and yet the animal may still retain his intelligence and his senses. This diminution of the respiratory movements, combined with the imperfect admission of air at each inspiration, tends to interfere greatly with the arterialization of the blood; and the consequence of this is a peculiar engorgement of the lungs. The longer this condition lasts, the greater the amount of engorgement becomes; and after a time the animal grows stupid and insensible, and at last dies comatose. All this time no particular distress is manifested, death taking place partly in consequence of the direct action of the pneumogastries upon the lungs, and partly in consequence of the paralysis of the larynx and partial closure of the orifice of the glottis.

We have now, gentlemen, studied the action of the larynx in regard to the two great functions of respiration and the voice. We have seen, so far as its functions are concerned, that in this respect it depends upon the action of the laryngeal muscles. But there is one other function with which this organ is intimately connected, and that is the function of deglutition; for you must remember that by the opening of the glottis the respiratory passages communicate directly with the pharynx, as the air passes down through the larynx into the trachea by nearly the same route that the food passes through the pharynx into the œsophagus. Now, it is not only necessary, for the preservation of life, that the larynx should admit the air into the trachea, but also that it should prevent the entrance of food or any other foreign body into the same passage; for, as we all know, if the smallest particle of food comes in contact with the inner surface of the larynx, a convulsive cough is produced by which the offending substance is immediately expelled. Now, how is this cough excited? It is a reflex action; and as the intrinsic movements of the glottis, which we have so far examined, depend upon the action of the inferior laryngeal nerves, so is the sensibility of the larynx dependent upon the superior laryngeals. This sensibility of the glottis is a peculiar one. It possesses but little general sensation: that is, the presence of a foreign body in contact with the mucous membrane of the larynx give us no definite information in regard to its character, its shape, or consistency. All that we feel is, that the mucous membrane is irritated; that the presence of the foreign body is unpleasant; and so a violent expulsive effort is the consequence, produced by reflex action operating upon the muscles of expiration. Now, what is the mechanism of this protection of the larynx against the introduction of foreign substances during deglutition? We are too much in the habit of attributing this protection to the presence of the epiglottis. A little reflection will show that in the greater number of vertebrate animals, this organ is entirely absent; it exists only in the quadrupeds, and in the human species; while fish, birds, and reptiles have no epiglottis whatever. You remember that in the pigeon which you saw yesterday there was only a simple slit at the base of the tongue to represent the glottis, yet we all know that the birds can eat and drink without any more difficulty than the quadrupeds. This being true, we must account for the protection of the larynx in deglutition by some other means. The result of experiment shows that in quadrupeds the function of the epiglottis is, in reality, not to protect the larynx; for if the epiglottis be removed, the animal can still swallow as before without any danger from suffocation. I have here the epiglottis of a dog which I removed yesterday. The animal from whom it was cut out, you see here; and by allowing him to feed, we can see whether the operation has interfered in any way with the process of deglutition. You see that he swallows both solid and liquid food without any difficulty whatever. Now, in order to see whether the whole of the epiglottis has

been taken away in this instance, I will kill the animal and remove the parts. I have now, you observe, taken out *entire* the upper part of the trachea, the glottis, and the pharynx. By opening the pharynx from behind, we shall be able to see the condition of the parts at the orifice of the glottis, and how much, if any, of the epiglottis remains. You observe that, in fact, its removal has been complete; that there is really no epiglottis; and yet there was no difficulty in swallowing, and no entrance of the food into the orifice of the trachea. Now, therefore, if the epiglottis be not the physical obstacle which nature has provided for the defence of this exceedingly sensitive portion of the larynx, how is it that the object is really accomplished?

The mechanism of the protection of the glottis in swallowing is a very different one from that generally ascribed to it. It must be premised, in the first place, that there are several functions presided over by the nervous system, which are *incompatible with each other*. That is to say, that one of them cannot be performed at the same time with the other. We know, for example, that there are some very simple voluntary movements which we cannot make at the same time. A familiar instance of this is the reversed rotation of the two hands. We cannot rotate the right hand in one direction, and the left in another at the same moment. The nervous action which would produce this rotation on one side is incompatible with that which is required for the opposite. The same thing is true with regard to the processes of inspiration and deglutition. These two acts are incompatible with each other. You cannot inspire and swallow at the same time. Now in the act of inspiration, as we know, the glottis is naturally opened; therefore, in point of fact, were we to inspire and swallow at the same time, the opening of the glottis being situated just at the inferior surface of the pharynx, the food would necessarily find its way into the larynx. But the nervous influences are such, that the instant we are about to swallow we stop respiration. The glottis, therefore, does not open, and the danger is diminished. The mechanism of deglutition, however, is so curiously arranged that it really accomplishes something more; for while, by the cessation of respiration, the opening of the glottis is prevented, by the action of the constrictor muscles of the pharynx it is completely closed.

Here, for example, you have the tongue, larynx, upper part of the trachea, pharynx, and œsophagus of a dog. The pharynx has not been opened, and you can readily see the manner in which its constrictor muscles are arranged. Their fibres commence above and behind, on the median line, and, running downwards and forwards terminate by insertion upon the sides of the thyroid cartilage. I will open the pharynx from behind, and you will then see exactly the operation of its inferior and middle constrictors. The opening of the glottis is now narrow, because the vocal chords are not separated by the action of the posterior crico-arytenoid muscles. The glottis is precisely in this condition when we attempt to swallow, and when the food is passing from the back part of the mouth to the upper part of the pharynx. When it reaches thus far, the reflex action excited by its contact produces a contraction of the constrictors of the pharynx, and immediately shuts up the orifice of the glottis. It is impossible, you see, for me to draw together the constrictors of the pharynx without drawing together at the same time the arytenoid cartilages and the vocal chords which are attached to them. So that the process of deglutition itself, as it carries the food from above downwards, shuts up the chink of the glottis and prevents the food falling into the trachea.

There is, also, another mechanism, which takes part in the function of swallowing. You will find that at the moment of deglutition the larynx is drawn forcibly upwards, and the base of the tongue pressed backwards. The consequence is, that the base of the tongue is folded over upon the anterior part of the glottis, thus covering it more completely, and excluding all the foreign substances.

A familiarity with the mechanism of deglutition will

explain certain occurrences which sometimes produce much trouble, and require for their relief surgical interference. We know that occasionally, notwithstanding this mechanism, foreign bodies do accidentally find entrance into the larynx, both in adults and in children. But if we examine the mode in which this happens, we shall find that it is always produced by a sudden inspiration taking place during the act of swallowing. In the adult it generally happens in consequence of the disturbance occasioned by some unexpected occurrence. The patient is seated at the table, and while deglutition is going on, something occurs which forcibly and suddenly attracts his attention. Deglutition is arrested, and on the instant, the glottis being opened by a full inspiration, the food passes directly into the cavity of the larynx. Now it is impossible for us to do this voluntarily. It must always take place in consequence of some sudden and irresistible nervous influence, sufficient to destroy the harmony which naturally exists between the two functions of respiration and deglutition.

Again, a child is playing with a bean or a marble, and is affected by some sudden pain or fright. He tries to scream and express his feelings in the usual way. In order to do this he makes a quick inspiration, when the foreign body immediately slips into the glottis. As soon, however, as it is fairly inside the trachea, it cannot get out again; for in the act of coughing the irritating body is driven up against the vocal chords, which, in consequence of the irritation, close forcibly and prevent its exit. In this case the surgeon is reduced to the necessity of making an opening in the trachea below the larynx, through which the foreign body can escape.

A very curious instance of this accident happened some years ago to the celebrated Mr. Brunel, who was at that time engaged in the construction of the Thames tunnel. By some accident a sovereign happened to get into the trachea, where it occasioned a great deal of distress and anxiety, together with much difficulty in breathing. Mr. Brunel was urged on several occasions to have the trachea opened; but he decided to wait for a time before resorting to the operation, in order to see whether the foreign body might not be got rid of in some other way. But the coin, being quite heavy, naturally remained most of the time at the bifurcation of the trachea, and could only be momentarily dislodged during the act of coughing. A contrivance, however, was finally resorted to, which was successful. The patient was put in the reversed position, with his head downwards. This position, naturally a very uncomfortable one, was rendered more so by the fact that the sovereign fell downwards and rested upon the inferior surface of the vocal chords, producing spasmodic closure of the glottis. But after a time, the intense desire to breathe overcame the direct irritation of the vocal chords, a movement of inspiration took place, the glottis opened and the coin dropped out. Thus this patient was relieved from his difficulty by the very same means by which the foreign body had gained entrance.

But you may very naturally ask—If the epiglottis be of no use in protecting the orifice of the glottis, what is its function? In all probability the epiglottis has some action in modifying the character and tone of the voice. You have already seen that a vocal sound is produced by the vibration of the column of air passing through the narrow chink bordered by the tense and elastic vocal chords. It is modified, however, by very many concomitant conditions; by the length and tension of the vocal chords; by the size of the orifice of the glottis; by the dryness or moisture of the mucous membrane; by the state of contraction or relaxation of the muscles outside of it; and lastly, by the length of the column of air between the glottis and the mouth. There is little doubt that the position of the epiglottis also exerts an influence at the same time. We all know how the sound of a horn may be altered by passing the hand in front of its open orifice, and thus partially closing over the mouth of the instrument through which the sound escapes. The various positions of the hand in this situation will produce

distinct variations in the character of the sound. I have no doubt that the epiglottis acts somewhat in this way, by deflecting the column of air as it emerges from the orifice of the glottis.

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BY AUSTIN FLINT, M.D.,

PROF. OF CLINICAL MEDICINE AND MEDICAL PATHOLOGY, IN THE N. O. SCHOOL OF MEDICINE.

LECTURE V.—PNEUMONIA.

AUGMENTED WEIGHT OF SOLIDIFIED LUNG IN PNEUMONIA—CIRCUMSTANCES DISTINGUISHING THIS FROM OTHER INFLAMMATIONS—TREATMENT OF THE DISEASE WHEN IT EXTENDS OVER AN ENTIRE LUNG.

GENTLEMEN:—I need not offer an apology for the subject of this lecture, although I have already treated of pneumonia fully in my didactic course at the college, and have considered, on several occasions, both in this place and in my remarks at the bedside, various points relating to the morbid anatomy, the clinical history, and the treatment of this disease. No apology is needed for recurring to this subject, for pneumonia is a disease important everywhere, but important especially to the medical practitioners of the South, in consequence of its far greater prevalence, and its prevalence in a severer form here than in the Northern States. Of the many practitioners who visit New Orleans during the winter, nearly all are interested in observations and discussions connected with pneumonia, more than in those pertaining to any other disease, and I am often asked to multiply my lectures on this subject.

Moreover, the subject of pneumonia is of interest, because, by a kind of tacit agreement, this disease has come to be considered as a type of inflammatory affections generally; and the principles of therapeutics which are applied to this disease are considered as applicable to acute inflammation wherever situated. To a certain extent, this is undoubtedly correct; yet pneumonia presents some striking points of difference when compared with other inflammations. The inflammation is seated in a structure which is not a serous membrane, but which lacks the usual anatomical characters of a mucous structure; I refer, of course, to the membrane lining the air vesicles and the ultimate bronchial tubes. The inflammatory process here involves a solid exudation, which is probably derived from the blood coming from the right side of the heart, before becoming oxygenated, or, at least, at the instant of oxygenation. This peculiarity cannot possibly obtain in any other situation than in the air-vesicles and ultimate bronchial tubes. The exudation here never becomes organized, if it does elsewhere, as is generally supposed it may when it takes place on a serous surface. It is rarely converted into pus in this situation, if this conversion be possible elsewhere, as is generally supposed. The exudation does not remain as the tuberculous exudation does, in the same situation, but it is reabsorbed, often with great rapidity. Adhesion and obliteration of the cavities do not follow as in the case of serous membranes, but after the absorption of the exudation is completed, the pulmonary structure is intact, having received no appreciable damage. These are circumstances which are interesting, to say the least, in a pathological point of view.

During the present winter I have been interested in determining the increased weight of lung solidified by pneumonia. I have on the table before me the lungs from the body of a patient who died in a ward not under my charge, but the patient was seen by me before death, and the diseased organs have been kindly placed at my disposal. Over the entire right lung were presented the physical signs of solidification prior to death, and you see that it is perfectly solid. The affected lung is dilated apparently to

the utmost limit of its expansibility, by the solidifying exudation. When I blow into the trachea with a pair of bellows, it remains motionless, while the left lung, which is free from disease and collapsed, expands readily. Separating these lungs from their connexion with the heart, and weighing them separately, I find that the solidified lung weighs *sixty-six ounces* more than its fellow! Now, the weight of the right lung, in health, is somewhat greater than that of the left lung, but here is an enormous difference. The right lung has acquired a weight above that of health amounting to nearly or quite four pounds avoirdupois! To what is this enormous increase of weight due? Not to the presence of blood, for there is less blood in the diseased than in the healthy lung. It must be due to the quantity of solidifying exudation. Nearly or quite four pounds of the solid constituents of the blood, then, were withdrawn from the circulating blood in giving rise to the solidification in this case. I have weighed the lungs in other cases with similar results, and proportionately, where, instead of an entire lung, a single lobe only was affected by inflammation.

This increase of weight of lung affected with pneumonia, is a striking fact and highly suggestive. Is the withdrawal of this amount of the solid constituents of the blood of no moment, so far as concerns the condition of the blood, the functions of the body, and the state of the vital forces? Can the blood sustain such a loss without any dangerous consequences resulting from it? We know that it is not necessarily fatal, because patients not unfrequently recover; but is not this a source of evil and danger which is to be considered in practice? Do we not find in this striking fact an explanation, in part, at least, of another fact, viz. patients with pneumonia affecting the whole of a lung do not generally die by apnoea, but by asthenia? The function of the affected lung is, of course, suppressed, while the solidification continues, but the function of the other lung is amply sufficient for the continuance of life. Patients do not necessarily experience even embarrassment of respiration from the solidification of an entire lung, but the pulse is apt to become frequent and full, the powers of life fail, and death ensues from exhaustion.

The history of the case which furnished this specimen was an illustration of the statement just made. Under a moderate use of opium, together with alcoholic stimulants, the respirations did not exceed sixteen per minute. There was no lividity of the face or prolabia. The pulse, however, was frequent and small, the patient was greatly prostrated, and despite the free use of stimulants and a sustaining diet, he sank more and more, and died from exhaustion.

The augmented weight of the lung in pneumonia is suggestive in another point of view. Notwithstanding the great amount of coagulated matter withdrawn from the blood, the coagulable constituent of the blood, viz. fibrine, does not appear to be diminished, but, on the contrary, increased. If blood be drawn during the progress of pneumonia, the amount of fibrine is found to be greater than in health; in fact, in this inflammation especially is the fibrous element in excess. Does not this go to favor the hypothesis that the fibrine in the blood is excrementitious rather than the material for nutrition? And is not the greatly augmented quantity of the fibrine to be considered as expressing the waste of the tissues in this disease? This question is not without significance in relation to the *modus operandi* of certain remedies which clinical experience shows to be highly useful in the treatment of pneumonia.

There is no lack of opportunity, gentlemen, in this hospital, to observe cases of pneumonia in which the solidification extends over an entire lung. Examples are more numerous here than at the North, as I have shown by a comparative analysis of cases recorded in this hospital and at the hospital* in Buffalo. This fact explains, in part, the greater severity of the disease here, and the larger mortality

from it. I have at this moment in my wards a patient who is just convalescing from pneumonia which has extended over the whole of the right lung, another patient who is nearly ready to be discharged, and another who is passing through the disease. Now, in these three cases the principles of treatment have been essentially the same. Many of you have observed these cases with me day after day, and have listened to the remarks which were suggested at the bedside. Let me state in a few words the principles of treatment which these cases have illustrated.

In none of these cases had the inflammation extended over the entire lung when the patient was admitted. It became thus diffused while the cases were under observation. Could this diffusion have been prevented by any plan of treatment? I am sorry not to be able to answer this question affirmatively. I have witnessed extension of the inflammation in cases in which different measures of treatment have been employed—such as bleeding, mercurialization, and the free use of antimony; and I am obliged to say I do not believe that we have adequate evidence of the effectiveness of any particular measure or measures in restraining the inflammation within the limits of a single lobe.

Blood-letting was not practised in either of these cases. But observe, gentlemen, I do not take ground against the employment of blood-letting in any case of pneumonia. I believe this to be an extreme and injudicious view; but I do believe that in the great majority of cases, even when the disease is observed from the commencement, blood-letting is not called for, either because it is contra-indicated, or the objects to be attained by it can be secured by measures less open to objections, viz. by cardiac sedatives and saline laxatives. In the cases to which I am referring, even these succedanea of blood-letting did not seem to me to be called for. The disease had existed in all some days before admission, and the solidification had extended at least over an entire lobe.

Taking into view the history, the habits of the patients, the extent of lung affected, and the symptoms, the two following objects appeared to comprehend all that could be done to give the patients the best chance of recovery:

1. To place the patients under the influence of opium sufficiently to tranquilize the system—to render it, as it were, as tolerant as possible of the local affection, and to promote sleep. The objects embraced under this head are very important. When it is recollected that the disease kills by asthenia, all that we can do to obviate disorder, fatigue, and exhaustion, will be likely to increase the probability of recovery. Hence the value of opium in this, as in many other diseases. However we may explain the *modus operandi* of this drug, clinical experience shows its great value in the treatment of pneumonia. And it is to be borne in mind that in this, as in many other diseases, the system bears, without any narcotic effect, large doses of opium. These patients took, for several successive days, from nine to twelve grains of opium per day, without the least approach to narcotism. The good effects of this remedy must have been apparent to you in the diminished frequency of the pulse and respirations, the freedom from pain, the refreshing sleep which it procured, even while the local affection was advancing. I may repeat here, that it would be no objection to the use of opium, if it diminished expectoration in this disease, which it does not. The exudation in pneumonia does not go off by expectoration, but by absorption. One of the members of the class is now recovering from a recent attack of pneumonia affecting the whole of the right lung, and the resolution has gone on with astonishing rapidity; yet, in this case, during the whole course of the disease, there has been absolutely no cough and expectoration. The expectoration which usually occurs during the resolution of pneumonia, does not consist of the exudation into the cells, but mainly of mucus from the bronchial tubes.

I have offered reasons for the utility of opium; but you will bear in mind that its applicability in the treatment of

* Vide Am. Jour. of Med. Sciences, Jan., 1861.

this disease does not rest on the plausibility of these or any other reasons which may be given with a view to explain its utility, but on the conclusions drawn from repeated observation of its effect. It occurs to me to suggest, in connexion with the remarks which have been made respecting the probable derivation of the excess of fibrine from the waste of the tissues, whether opium may not be useful by limiting this waste; and, if so, may it not tend to limit the amount of exudation, and in this way, in fact, limit the extension of the disease? I throw out this idea simply as a casual suggestion.

2. The second object was to support the system by alcoholic stimulants and concentrated nourishment. These measures constitute the sustaining course of treatment of which I have spoken often in connexion with various diseases. The patients got an ounce of brandy at intervals varying from two to six hours during the progress of the disease, after the commencement of resolution; then the quantity was gradually diminished, and it was discontinued when convalescence was fully declared. Essence of beef and milk, alternately, at short intervals, constituted the diet.

Not many years ago, these measures, during the continuance of an acute inflammation, would have been deemed extremely hazardous. The utility of the sustaining treatment in pneumonia, and many other affections, has become so familiar to me that I have ceased to regard it as possessing any novelty; but from the frequent expressions of surprise and doubt by practitioners who do me the honor to visit my wards, I am reminded that it is a novel treatment to many, and that all do not find it easy to shake off notions which have become firmly fixed. I shall not now dilate on the subject. You have had abundant opportunity to observe for yourselves in the cases of which I am now speaking, and in numerous other cases, not only the innocuousness, but the apparent efficiency of the free use of alcoholic stimulants and nutriment in certain cases of pneumonia, as well as of various acute affections. The safety and utility of these measures must, of course, rest on experience; but we need not be at a loss to understand, in some measure, why they are not only safe but useful. We have seen that in cases of pneumonia, in which an entire lung is solidified, sixty ounces of solid matter are withdrawn from the blood, and that the danger to life is from asthenia or exhaustion. Hence, it is the great object in such cases to support the powers of life, and this is to be done by alcoholic stimulants and nourishment.

There is another consideration which has an important bearing on this point in the treatment. Pneumonia, in general, does not involve destructive lesions of the lung, even when it proves fatal. The lung structure is intact. The cells are filled with exudation matter which will almost surely be absorbed if life be sufficiently prolonged. A grand object of treatment, therefore, is to prolong life until resolution begins and progresses so far that, if serious complications do not ensue, the patient is safe.

In these remarks, gentlemen, I have had reference to cases in which pneumonia extends over an entire lung. This diffusion of the disease, as you well know, renders the affection one of considerable danger, while there is very little danger if the disease be limited to a single lobe and not complicated with any other serious affection. Now, in conclusion, let me ask you, how are you to determine that the disease is extending or has extended over an entire lung? We may suspect this from the symptoms, but we cannot determine it save by the physical signs. By means of these we can note, day by day, the advancement of the local affection; we can ascertain when and where resolution begins, and follow the progress of the latter up to the restoration of the healthy condition. We cannot do this under the guidance of the symptoms alone, although the latter are of great importance as regards the prognosis and the indications for treatment. Without physical exploration of the chest, the existence of pneumonia would often be doubtful. It is not infrequently overlooked by those who trust to symptoms alone; and important complications, such

as pericarditis, could not be discovered. I should do injustice to auscultation and percussion if I omitted to avail myself of all proper occasions to endeavor to impress their importance in medical practice.

Original Communications.

PLACENTA PRÆVIA; TREATMENT BY THE CAOUTCHOUC WATER PESSARY.

BY E. J. FOUNTAIN, M. D.

DAVENPORT, IOWA.

IN view of the fact that in this form of abnormal labor about one-third of the mothers and two-thirds of the children are lost, it is eminently the duty of every practitioner of the obstetric branch of medical science to labor for the diminution of this fearful mortality, and to record every form of treatment which holds out any promise of improvement. The simplicity and safety of the treatment practised in the following case, and the success attending its application, are sufficient recommendations in its favor to warrant its further trial.

Mrs. P.—, aged 20, began suddenly to have uterine hemorrhage, Nov. 26, when seven and a half months advanced in her first pregnancy. No labor-pains or dilatation of the os. The flowing partially ceased under the influence of rest, cold-water enemata, and occasional doses of opium and acetate of lead. In this manner the hemorrhage was kept in check, though recurring to some extent every few days, for two weeks. During this time placenta prævia was suspected, but the os had not dilated sufficiently to render the diagnosis certain.

Dec. 9.—Hemorrhage suddenly recurred with great violence, attended with some pain. I now found the os sufficiently dilated to permit the entrance of a finger which came into immediate contact with a placenta. The alarming and dangerous nature of the case was now perfectly apparent. The hemorrhage was profuse, calling for immediate arrest by some other means than the operation of turning, which the rigid and undilated os would not permit. With the view of checking the hemorrhage until the time should arrive when turning might be properly resorted to, I introduced a caoutchouc bag to which was appended a stem by which it could be distended with air or water. At the extremity of this I had a small stop-cock so arranged as to be readily connected with the flexible pipe of Davidson's self-supplying rubber syringe. Dropping the supplying stem of this into a vessel of cold water, a few compressions of the elastic ball quickly filled the bag within the vagina, and at once arrested the hemorrhage. In about half an hour, or perhaps less, a moderate discharge of blood again appeared, forcing its way around the pessary. I immediately allowed the water, now quite warm, to escape without withdrawing the instrument, and quickly refilled it with cold water, when all flowing again ceased. This proceeding was continued through the day and following night, the warm water being frequently discharged and replaced by cold; and so certain was this in its effect that I left the patient several times for an hour or two to attend to other urgent calls, the husband in the meantime refilling the bag with cold water as often as any symptom of hemorrhage appeared. Occasionally, when changing the contents from warm to cold water, I would make an examination. This could be effected without even removing the instrument. When this treatment had been continued about twenty-four hours I found the os becoming well dilated and labor pains more regular. The margin of the placenta could not be reached, nor was any part of the child presenting. I now felt satisfied the time had arrived when I could safely accomplish the operation of turning, but the efficiency of the vaginal bag of water in safely conducting the case to

this period began to impress me with the belief that its continuance might obviate the necessity of turning. At all events, I reasoned, it can do no harm to try it, being ready at any moment to resort to the latter operation, for which the parts were becoming all the time more favorable. From this time the pains steadily increased, and within an hour I had the gratification of feeling a presenting vertex crowding upon one side of the placenta. After this the disposition to hemorrhage gradually ceased. As soon as the advancing vertex had partially passed between the placenta and now widely dilated margin of the open cervix, I removed the pessary permanently. The labor now progressed favorably without further hemorrhage, and the child, a female, was born living and in good condition, about thirty hours after the commencement of the above described treatment. The placenta was found loose in the vagina immediately after the delivery of the child.

In the recent and very instructive lecture on placenta prævia by T. Gaillard Thomas, M. D., the pathological character of this complication of labor and indications in methods of treatment are briefly stated with that vigor and terseness of language and philosophical reasoning which characterize all the productions of his pen with which he has favored the profession. In cases of the kind above reported, where the os is rigid and the hemorrhage profuse, he recommends a tampon of sponge saturated with the solution of the perchloride of iron, and, "Better still than a tampon, the instrument called the colpeurynter might be used, or in place of it a hog's bladder, tied to the end of a self-supplying syringe, introduced in a collapsed state into the vagina and then filled with water, may be employed. But remember, this is only temporizing, and that it merely prepares the way for the fulfilment of an important indication which it by no means effects itself."

It was with this view that I resorted to such a mode of treatment, fully expecting to be obliged to follow it up by the operation of turning. I soon found that it could not be depended upon as a tampon simply, but the facility with which it permitted of a constant application of cold enabled me, by its influence in connexion with the pressure, to control the hemorrhage effectually, not merely as a temporizing expedient but permanently, and with the important result of saving the child as well as mother. This does not by any means invalidate the correctness of the principles advocated by Dr. Thomas, but certainly establishes an exception to the general rule. How frequently success may attend the treatment can of course be determined only by further trial. Its great superiority to any other form of tampon is readily apparent, and it is applicable to all cases where a tampon is required. I can speak, from experience, of efficacy in cases of flooding connected with abortion. A peculiar feature of the treatment is that it readily admits of a constant application of cold in connexion with the best form of mechanical pressure. The latter alone I found to be insufficient, but in connexion with the former, every indication was fully answered; and thus my patient escaped the danger of a serious operation, and the child (which is living and doing well) is undoubtedly indebted to the same for the preservation of its life.

A FACT FOR MEDICO-LEGAL SCIENCE.

BY SAMUEL R. PERCY, M.D.,

OF NEW YORK.

A SHORT time ago I was sent for to see one of my lady patients. She had a baby about four months old. After her confinement with this baby, she was up and about the room on the eighth day, attending to her two other children, who were very sick with scarlet fever. In consequence of this attendance she had not recovered her strength, and had the symptoms of prolapsus uteri and ulceration. Upon vaginal examination I found congestion and other difficulties, which I proposed to treat; but it was consi-

dered best both by her husband and herself to postpone the treatment, as on the next week he would leave home to be absent two or three months. On the Monday following, he left, but she did not call upon me until a week from the day following. Upon examination with the speculum, I found a mass of what I supposed to be muco-purulent matter proceeding from the os uteri. Wishing to ascertain its character, I immediately examined it with the microscope, and was surprised to find that it was semen; and that it contained living spermatozoa, and many dead ones. Communicating, in a proper way, my discovery, I questioned her as to the time of her last intercourse with her husband. It was on the Monday morning before leaving, nearly eight and a half days previous. I would stake my reputation on her honor.

Knowing that the zoosperms of the frog are frequently found living days after the animal's death, and even when it has been frozen, I can conceive no reason why human spermatozoa may not retain their vitality for some time, especially when protected by warmth, and placed in the situation where nature designed them. But to test this matter, I placed some semen in the lower part of a piece of moistened membrane (such as is frequently used) and tied it, and placed it within the vagina of a mongrel slut; upon removing it on the sixth day most of the zoosperms were possessed of vitality, though there were many dead ones.

This fact may have an important bearing in a medico-legal way. Although the law gives ample margin, public opinion and jealousy look upon a pregnancy prolonged beyond the ninth month as of very questionable legality. We here see, however, from fact, the possibility of exceeding two hundred and ninety days.

There are some few physicians who believe that no conception can take place unless the semen is thrown by the male directly within the os uteri. It is needless to enter into a discussion on this question, for one fact to the contrary is as good as any number to prove its incorrectness. I can give three cases that have come under my notice within the past month, and many others, if necessary, of older date. A gentleman, whom I have known for some time, lately showed me his penis, which was sore with an herpetic eruption. The urethra terminated a little below where the frenum is in other persons, the gland bulging out quite prominently beyond it, and rendering it impossible either to urinate straight forward, or that the semen should be propelled in that direction; a small fold of frenum also, which appears to be a rudimentary affair, stretches across the orifice, making it necessary for him to be careful in urinating, or the urine returns backwards upon his person. This gentleman has three children, and two of them are like himself. I have seen, within the last month, two young females who are pregnant, with unruptured hymen. The hymen in both instances is dense and perforated, in one instance with two, and in the other with three small holes, not larger than a crow's quill. I do not mention these as being unique, for there are many on record.

In view of the late numerous experiments and discoveries of Mantegazza upon the zoosperms of man and other animals, this single fact which I have narrated is interesting.

SURGICAL OPERATION FOR VESICO-VAGINAL FISTULA.

BY EZRA P. BENNETT, M.D.,

OF DANBURY, CONNECTICUT.

LAST summer my son, Dr. Wm. C. Bennett, removed through the vagina, a large calculus from a lady in an adjoining town. The stone was of the size of a large hen's egg, and consequently the opening in the bladder was correspondingly large. The opening did not heal, and in this we were not disappointed. About three weeks ago, I operated upon her for the closure of this fistulous opening, and

with complete success. The simple, interrupted suture of silver was used, six or seven being introduced. On the eighth day the wires were removed, and complete union was found to have taken place. In just two weeks she went home as tight as a bottle, and as happy as she could well be. It has been suggested that the better way in such cases would be to remove the calculus, and then close the wound immediately by the sutures, but I do not think such a procedure advisable, for two reasons. 1st. The mucous coat of the bladder in this case was much ulcerated, and would not probably have united. 2d. By waiting, the opening becomes much smaller, and the parts healthy, and the chances of success, therefore, much greater. In perfecting this operation, Dr. Sims has conferred a great blessing on suffering humanity, and I regret to see that any one should for a moment so far forget himself as to wish to rob him of one iota of his well-earned fame. Although improvements may be made in the mode of operation, the principle is Dr. Sims's, and his alone. I am not, however, at present disposed to admit that any real improvement has been made over Dr. Sims at all. Honor to whom honor is due.

UNUNITED FRACTURE OF THE TIBIA

SUCCESSFULLY TREATED.

By M. W. TOWNSEND, M.D.,

OF BERGEN, GENESSEE CO., N. Y.

A. H., aged 33, fractured the tibia and fibula three and a half inches above the ankle, by a direct blow, August 3, 1856. The fracture was simple, moderately oblique, and the fragments were so slightly displaced that very little manipulation was necessary for their adjustment. The leg was dressed by a competent surgeon, on a double inclined plane, with side splints, and was retained in the apparatus six or seven weeks. As no union had taken place at that time, the leg was supported, and the patient allowed to move about on crutches, with instructions to use it with care, and, after a short time, to bear slight weight upon it. No amendment occurred except in the fibula, which united. At the end of one year, he commenced walking without aid, supporting the leg by an imperfect contrivance of a natural bone-setter. For three years he engaged in laborious occupations, until the leg became almost entirely useless from angular displacement, as the fibula constantly yielded from interstitial change. Oct. 24, 1860.—The tibia at the point of fracture was bowed outwardly ten inches from the correct axis of the limb, and projected anteriorly one and a half inches. Tibia measured in its angular course three-fourths of an inch less than the sound one, while the fibula was quite as long as the other, a condition accounted for by the great separation of the two bones at the fracture, from the excessive deposit of callus into the interosseous space, and from the unnatural office thrust upon the smaller bone of sustaining weight. Around the fracture, the leg measured two and one-half inches more than the sound one, while throughout the rest of its extent it was very much atrophied even to the bones of the foot.

Oct. 25, 1860.—I removed nine-sixteenths of an inch from the fibula at the angle. Interosseous space was filled for some distance above and below the fracture with callus, which impinged so strongly against the fibula as to surround one-third of its circumference, and to carry the anterior tibial vessels and nerve to the inner margin of the smaller bone. A perforator cutting three-sixteenths of an inch, was thrust through the space left by the removal of the piece of fibula, into the callus above and below the point of fracture, between the fragments of the tibia in several directions, as well as into their approximal surfaces. From a point over the internal surface of the tibia, the perforator was thrust in like manner, in radiating lines, until the structures between the fragments were thoroughly

divided. The leg was laid upon a pillow, and dressed with cold water. Oct. 27.—External wound closed by immediate union. No signs of inordinate vascular action. Oct. 31.—One week from operation the callus and opposing fractured surfaces were so softened by the change induced by the perforator, that the angular displacement could be almost removed by moderate force, which could not have been done immediately after the operation. A wide splint, reaching from above the knee to beyond the foot, with an angle at both points, well cushioned with leather and curled hair, was bound to the internal surface of the limb, so as moderately to diminish the angular displacement laterally. Each day the roller was tightened, until the axis of the leg antero-posteriorly was correct. The angle in front could not be remedied by any appliance to the leg, as the patient's heel had been very sensitive since his first injury. The limb, while still bound to the splint, was suspended by means of adhesive plaster applied to the sole and retained by roller, until its own weight nearly reduced the anterior displacement to the true axis. Nov. 9.—Limb put in starch apparatus, and patient allowed to sit up, and after a few days to move about. Dec. 10.—Fracture sensibly less mobile than when last examined. No tenderness on firm pressure. Commencing at a point one inch above the fracture and over the spine of the tibia, the perforator was thrust obliquely downwards and backwards completely through the ends of both fragments and plane of fracture, in three radiating lines, without withdrawing the instrument from the integuments. Starch dressings renewed. Dec. 29.—Dressings removed; scarcely any yielding on application of considerable force; tenderness; apparatus reapplied. Jan. 15, 1861.—Apparatus removed. Fracture firmly united.

Dr. F. H. Hamilton [*Fractures and Dislocations*, page 160, where this case of non-union is noticed] states that according to his observation, delayed union more frequently occurs in fractures of the leg than in any other. Of five cases of simple fractures of the tibia and fibula which have been under the care of the writer, two were examples of union delayed beyond the eighth week, rendering the patient's removal from the bed necessary. If these observations are in accordance with facts, we may see how necessary it is to look well to fractured legs before dismissing our patients as cured, fully satisfying ourselves that there is union by bone.

The above case I consider one which testifies to the efficiency of the treatment for non-union proposed by Dr. Brainard, of Chicago.

Reports of Hospitals.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

SURGICAL CLINIC OF PROFS. LOUIS BAUER AND E. A. WHALEY.

CASES OF CONTRACTION AND FIBROUS ANCHYLOSIS OF JOINTS.

[Reported by GEO. A. OSTRANDER, M.D.]

THERE have been seven cases of this kind presented at the clinic. In some, the original disease of the knee-joint had terminated in the deformity; in one, the disease, removed for twelve years, had returned, consequent upon a recent injury; and in three, the disease was in active progress when they were taken in charge.

The satisfactory results attained in all cases, by division of the contracted muscles by pressure, by the straight position and perfect rest of the affected members, exclusive of every other treatment, and this in a comparatively short time, seem to bear out the views of Dr. Bauer, repeatedly advanced in different surgical papers, viz. first, that almost all these affections are of a strictly local character; second,

that the local treatment is paramount in their management; *third*, that rest, position, pressure, and the division of the contracted muscles, are more reliable antiphlogistics than any other of that class of remedies; *fourth*, that the fibrous adhesions between the corresponding articular surfaces may be broken up with impunity either in the inflammatory condition of the joint, or when the active disease has entirely passed off; *fifth*, that if reaction follows at all, it is an evidence that all the contracted muscles have not been divided; *sixth*, that the gastrocnemius and soleus muscles are occasionally implicated in the contraction, requiring division of the tendo-Achillis. In proof of these remarks, the following cases will be admitted as types.

CASE VI.—Mrs. Sophia W. M.—, from Delaware Co., *æt.* 46, has been afflicted for *fourteen years* with an affection of the left knee-joint and an angular contraction, for which she can assign no cause. Previously Mrs. M.— had enjoyed good health, and was of rather robust constitution, having resided in the country under good dietetic regimen. She has had eleven children, two of whom died of fever; all the rest are healthy. Nor has she derived from her parents any serofulous taint, the latter having been of excellent health, and died at an advanced age. Although of a delicate appearance and slightly pale, she nevertheless enjoys tolerably good health. She has a good appetite, rests well, and her bowels and sexual functions are quite regular. The left knee-joint is flexed at an angle of about 100°, within which she could move it to, perhaps, an angle of 10°. It is swollen to at least double its natural size, hot, cedematous, and moderately tender; the patella immovably fixed in the inter-condyloid space, but drawn rather more towards the external condyle. As an evidence of the amount of tumefaction of the joint, the subcutaneous veins are enlarged, multiplied, and cross the parts in every direction. There is, however, no fluctuation to be discovered in or about the joint, nor any other discoloration than that caused by the distended venous plexus. The superior extremity of the tibia is somewhat enlarged, and the circumference of its internal condyle rather tender and soft on pressure. On attempting to extend the extremity, the tendon of the biceps became tense, and gave rise to considerable pain. The extremity itself is very much attenuated, and its temperature lowered.

Dr. Bauer stated it as his opinion, that the primitive disease was certainly seated in the apophysis of the tibia, and had already caused some structural changes. Similar cases had frequently come under his observation, and he had invariably found the cancellated structure softened down by a dark red, almost grumous, infiltration, so as to give it the appearance of an apoplexy of the bone. He was, however, not prepared to call it a hemorrhage, which he thought it might well be, particularly in such cases as had been initiated by a fall upon the apophysis of the tibia. At any rate, the present instance had to be considered as an endostitis chronica, in which, most likely, hemorrhage formed an element. The disease of the joint he considered as consecutive synovitis, terminating, in part, in fibrous adhesions of the corresponding articular surfaces, and that the contraction of the biceps was a pathological sequel of either, rarely absent in the like affections. In all its symptoms, the case had the appearance of what was formerly called "white swelling," which, however, is most generally a disease of a complicated nature, as the present case clearly demonstrated. The prognosis Dr. Bauer laid down as dubious, rather tending towards a disastrous termination. It was not a bone abscess, that could be relieved by trephining, but a parynematous disintegration. It was of too great an extent to give any hope of removal by excision of the joint; nor could the disease be mastered by free incision into the bone, for the ensuing suppuration would, in all probability, carry off the already debilitated patient. He thought that nothing short of amputation in the lower third of the thigh, would be the indicated remedy. As the mutilation of a patient was a most serious decision, aside from its danger to life, he should not deem himself jus-

tified, at least at this juncture, to resort to that "ultimum refugium chirurgicorum." Moreover, he had had some similar cases under his care, that had, though slowly, yielded to a milder treatment, and he would therefore proceed with that first. If the subsequent changes in the constitutional condition of the patient should force him to amputate, he would do so promptly, without waiting until the patient became too much reduced. He therefore proposed, first, to relieve the case from its pressing complications. In dividing the contracted muscle or muscles, he removed one of the elements that tended to perpetuate the disease; and in breaking up the adhesions of the joint, and so extending the extremity, he would, secondly, give it a position more favorable to rest and comfort. In his surgical practice these two remedies had proved better antiphlogistics than any others he knew. And, in fine, he would make use of pressure upon the diseased bone and joint, by means of good adhesive plaster, spread on Canton flannel. This kind of adhesive plaster he finds to be more pliable than that spread on muslin, nor is it so apt to fold and make unequal pressure. These therapeutic suggestions may seem rather trifling when compared with the objects to be attained, and yet he could not help recommending strongly to their acceptance as decidedly preferable to all the derivatory treatment still in vogue. Moreover, he could call to mind several instances in which those remedies, the former alone, accomplished the ultimate recovery.

In conformity with this detailed plan, Dr. Bauer proceeded: The tendo bicipitis was divided, the adhesions forcibly broken up, under chloroform, the entire leg well and firmly bandaged, the apophysis of the tibia and the entire knee-joint surrounded with adhesive straps, and the extremity placed in a well padded iron splint, which corresponded in length with that of the leg. No reaction followed the operation; on the second day, however, the dressings had to be entirely removed, the circulation being rather sluggish and the toes becoming discolored. A cotton flannel bandage was therefore substituted and the splint replaced. Although no increase of the disease manifested itself in or about the knee-joint, the patient was attacked with a remittent fever, of a typhoid type, lasting about nine days, imperilling seriously her life; it subsided however gradually, leaving no other sequelae than general prostration.

Since then the patient has progressed favorably; the swelling of the joint and its surroundings has materially diminished; heat and soreness are almost gone, and thus far, the case promised well. About the beginning of the next month (August) it was noticed, that when the extremity was in a perfectly straight position, the foot could not be flexed; and that attempts to flex it caused both pain and tension in the knee, whereas, when the knee was slightly flexed, flexion of the foot could readily be performed. The doctor recognised in this a new, reflected morbid innervation, which he promptly removed by dividing the tendo-Achillis. He remarked on this occasion that this was the fifth case in which the division of that tendon had been necessitated, under similar circumstances; and called the attention of the professional visitors to the fact, that the gastrocnemius muscle originating above the knee-joint and inserted below the ankle-joint, was, to a certain extent, a flexor of the former; when this muscle is slightly contracted the patient helps himself by bending the knee-joint, whereby the fixed points approximate each other.

Since the division of the tendo-Achillis, twelve days have elapsed, and the most prominent symptoms have receded. The patient has, with the aid of some mechanical appliances, already made some successful attempts at walking, which have caused no marked inconvenience, and as she is about to depart for home, it can justly be said that she has been materially relieved, and that the disease of her tibia is, if not entirely cured, at least in a fair way of ultimate recovery. On the 31st ult., a letter arrived from the patient in which she states that her knee and limb had gradually assumed a more natural appearance; that she was without pain, and could bear more weight upon the

affected member. From this statement it may be reasonably inferred that her improvement had been steadily progressive.

CASE VII.—MRS. F., an English lady, æt. thirty-two, entered the Brooklyn Medical and Surgical Institute under the charge of Dr. Whaley, with extensive deformities of her extremities, the result of alleged rheumatic affections. Up to within the last eight years she had been, generally speaking, healthy, although of slender frame and delicate appearance, and regular in her sexual functions, when she was attacked with rheumatic fever. After the acute process had subsided, the local affections persisted, causing her great pain and suffering, and gradually distorting most of her joints to such a degree, as to render her disqualified for her business as an engraver and for her domestic duties. In persevering, however, with local applications, and passive exercises, she almost succeeded in re-establishing her proper form and locomotion, when again she was attacked with the same disease, which left her contracted and helpless. When examined on the 21st of June, the following clinical record of her case was entered:—"The patient is of a pallid and weakly appearance, of slender frame and debilitated nutrition; her vital functions are in tolerably good order, her pulse is however feeble and somewhat exhilarated; there is some irregularity of the alvine functions, constipation alternating with diarrhoea. She is entirely unable to use her hands; and locomotion, even with the aid of crutches, is greatly impeded and almost impossible; some of her fingers are rigidly flexed into the palm of her hand, others but slightly, and drawn laterally. Their joint mobility is of little use, and hardly sufficient to hold objects of the size of an orange. The wrist and elbow joints are slightly flexed and cannot be perfectly extended. All joints concerned in these parts, with the exception of one phalangeal joint, which is ankylosed, are rather loose, allow within a certain range more than the ordinary motion, although the latter is exceedingly painful, manifesting at the same time a grating sound from the articular surfaces. When undisturbed they do not cause any pain. In a similar manner, but not to the same extent, the mobility of her spine is impeded. The knees are considerably bent, the flexors shortened, the joints and the patella so completely ankylosed as not to permit motion. When walking with crutches she has to be supported by another person, not being able to hold them firmly, and even thus supported she walks but slowly, upon the balls of her toes. There is the same grating in the tibia, tarsal, and some joints of the toes."

Dr. Whaley, in commenting on this case, remarked that it presented some peculiar features of note. In the first place, it is the nature and extent of the disease which has left its traces almost in every joint. The history of the case points at rheumatism, but he could not account for the detailed consequences on such premises. Rheumatism might have started synovitis and bursitis of the joints and muscles implicated, eventually obliterating some of the serous slides; thus forming a serious impediment to muscular volition. All joints, however, presenting grating on motion, it was evident that the cartilages had more materially suffered, having undergone partial ossification, or at least calcareization, which is not the ordinary sequel of a purely rheumatic process. These effects of the disease implied a more general contamination of the nutritive process, with peculiar tendency to calcareous deposits, which is in and about joints identical with gout. The prognosis, under the circumstances, was decidedly unfavorable, for the disease was of long standing, of great extent, and evidently inveterate. Some of the joints, especially those of the fingers, offered very little hope of improvement, their capsular apparatus being much relaxed and toneless. But since the patient had chiefly applied for relief in her locomotion, the question of treatment was restricted to the lower extremities. The doctor thought that the ankylosis of the knee-joints could be successfully overcome, with the aid of anæsthetics, by main force, and thus the extremity

straightened. Another difficulty, however, would remain in the rough surface of the cartilages. Perhaps passive motions might gradually grind down the calcareous deposits, and if so, the patient would derive material improvement from such a proceeding. Whether the contracted muscles would yield without division was another question, which could only be decided in the process of the operation. At any rate, the attempt to relieve the deformity, and to render the patient more self-dependent, was every way worth trying, and he therefore proposed to place the patient under the full influence of chloroform, to straighten the knees by main force, to divide the implicated muscles, should they offer any resistance, and secure the straight position of the extremities by appropriate mechanical appliances. In accordance with the plan designated, Dr. Whaley proceeded. As had been anticipated, the pathological connexions of the corresponding articular surfaces in both knee-joints yielded most readily. Considerable crackling was noticed, evidently from some slight osteophytes giving way. The subsequent motions of the joints presented the same rough and hard grating. The flexor muscles extended sufficiently without division. Thus the extremities were brought into a straight position having been carefully bandaged from the toes upwards, the joints surrounded by adhesive strips, and secured in this position by well padded iron splints. The reaction following was rather unexpected. There was a good deal of pain in both the joints and the interested muscles, and the constitution suffered proportionally. It was therefore deemed proper to remove all restraints of dressing and position, and to allow the reaction to subside. The dressings, though carefully and judiciously applied, had already caused some ecchymosis at two or three places, with prospective sloughing, which had to be overcome prior to another attempt at orthopedic treatment. Dr. Whaley remarked on this occasion, that the chief cause of failure rested most probably in the contracted muscles. His experience, and that of his colleague, Dr. Bauer, had taught him that no reaction ever followed the *brisement force* of joints, if the opposing muscles had been previously divided; whereas the reaction was inevitable if the contraction of the muscles had been allowed to remain. Some surgeons, more especially Prof. Langenbeck of Berlin, held that the division of contracted muscles was unnecessary; but the doctor had never had an opportunity of meeting with cases that could have been successfully overcome without division. Though willing as he was to pay due deference to so commanding a surgical authority as that of that eminent gentleman, he thought that Mrs. F.'s case required the knife.

During the subsequent six weeks the time was employed in correcting the general and local difficulties, whilst occasional passive motions were instituted to preserve the attained mobility of the joint.

At the end of that period Dr. Whaley divided the hamstrings of the patient and secured the members in the same way as above stated. No reaction followed this time, and convalescence proceeded slowly but steadily. There remained, however, a slight flexion in the left knee-joint, apparently independent of the flexor muscles. When the patient attempted to walk she could easily straighten the extremity, but when straight the heel did not come down to the floor. This attracted the attention of the doctor when, on examination, he discovered that the gastrocnemius and soleus muscles were the cause of this symptom, they being moderately retracted. When the knee was bent, the patient could flex her foot without restraint, but not so when the extremity was completely straightened. In this position the attempt at flexing the foot was both unsuccessful and painful in the knee. The only remedy for this unexpected trouble was the division of the tendo-Achillis, which he promptly resorted to. After this the treatment consisted chiefly in passive exercise of the knees, which gradually succeeded in overcoming all rigidity and grating of the joints, ultimately resulting in a fair condition for locomotion, when the patient was discharged.

American Medical Times.

SATURDAY, MARCH 9, 1861.

AMERICAN IMMIGRATION.

THE Commissioners of Emigration report that during the year 1860, 105,162 emigrants landed at the port of New York. This is an increase of 25,840 over 1859, and 26,573 over 1858, but 78,611 less than in 1857, and 37,180 less than in 1856. Of these emigrants, 47,330 were from Ireland; 37,899 from Germany; 11,361 from England; 8,572 from other countries. The improved condition of the emigrant, as compared with former periods, is noticed by the Commissioners. It appears that while the number of alien emigrants arrived during the year shows an increase over the years of 1858-9 of some 22 per cent., the number of destitute and diseased persons chargeable to the Commission in their institutions on Ward's Island, and temporarily furnished with board and lodging in the city, and relieved and provided for in the various counties, shows no increase over the year 1859, and is over 4,000 less than in 1858, and is less than in any previous year.

The facilities for emigration from European ports have been largely increased within a few years, and it is gratifying to notice a corresponding improvement in the class of persons who are now seeking homes among us. The protection which our authorities now extend to the immigrant immediately upon his arrival, and the facilities which they afford him for reaching his destination, should be noticed as having an important bearing upon his happiness and future success. For a long period the immigrant was left a prey to desperate bands of land-pirates who hovered about quarantine. Ignorant of the language, unaccustomed to travelling, unsuspicious and confiding, the poor traveller would readily fall into the toils laid for him, and even before landing would often be divested of every farthing of his carefully preserved treasure. Thus thousands, whose destination was the far West, were left destitute in our city, and compelled to seek daily bread by any menial service. Happily these outrages are now rarely perpetrated, and the immigrant, with his family and goods, passes directly, rapidly, and undisturbed to his ulterior destination. There is, however, one passage in the history of the emigrant which deserves the immediate attention of government. We refer to the wholesale prostitution of unprotected females on shipboard by the ship's crew. The revelation of these crimes, which are frequently made, are discreditable in the highest degree to masters of ships, and even to shipowners. If we are not misinformed, emigrant vessels are often but floating brothels. Government should throw around the emigrants, during the voyage, such safeguards as will protect them from the hand of violence, and of crime of every nature.

There are some features in the history of emigration to this country which we shall take occasion to notice in connexion with the above facts.

Previously to September 30, 1819, no reliable records of immigration were kept by our government, and all computations of its amount at any given period before that date are conjectural. It is estimated, in round numbers, that

from 1754 to 1819, 150,000 immigrants landed on our shores. After 1819 the public records give us reliable data from which to ascertain the extent and fluctuation of immigration. It appears that from this date, to December 31, 1855, the number of alien emigrants was 4,212,624. For the first year of this period, ending September 30, 1820, the number was 8,385, the increase was gradual until 1831-2, when it arose from 22,633 to 53,179. From this period the increase regularly continued until it reached in 1842, 104,565. During the next two years, 1843-4, the number again fell, but from the latter date to 1854 it rapidly increased until it reached the enormous figure of 427,833. In the following year, 1855, it fell nearly half, and in 1858, it was but 144,652. It is estimated that the aggregate emigration to this country from 1784 to 1859 amounts to 5,000,000 persons. There are always two circumstances influencing, if not controlling emigration. The first is the condition of the country from which emigration takes place, and the second that of the country towards which it tends; the very act of emigration indeed presupposes that the former is unfavorable and the latter favorable to the prosperity or happiness of the emigrating classes. Human history is but a panoramic view of these shifting scenes, each illustrating but different phases of the same truth. In general the causes which lead to the removal of any considerable class from their paternal homes spring either from the oppressions of government or the hope and promise of gain. Proscribed classes have often been forced to seek permanent abodes on foreign and sometimes inhospitable shores. But more frequently emigration is a voluntary act, determined by both of these causes, viz. oppression at home and the hope of gain by adventure. This is eminently true of the emigration to America from European and other countries, and the fact that this tide has set steadily to our shores, from all parts of the world, for eighty years, with but an occasional ebb, proves conclusively the adaptation of our soil, climate, and above all, our free institutions, to promote the happiness and prosperity of mankind. The sources of this emigration, and its amount from different countries, do not determine positively the degree of oppression under which an individual people labor, and the restraints to which their physical well-being is subjected by either soil, climate, or government, though they must approximately. In this view, it is interesting to notice the countries which have constituted the aggregate of our alien population during this period. Of the 5,000,000 immigrants who have arrived since the establishment of our government, Great Britain and Ireland contributed 2,600,000; Germany, 1,600,000; France, 200,000; British America, 100,000; Sweden and Norway, 50,000; China, 50,000; Switzerland, 40,000; West Indies, 36,000; Holland, 18,000; Mexico, 16,000; Italy, 8,000; Belgium, 7,000; South America, 5,500; Portugal, 2,000; Azores, 1,300; Russia, 1,000.

The fluctuations in emigration which we have noticed have been due to temporary causes, which have merely interrupted the enlarging current, or suddenly swollen it to an unprecedented degree. Among the first of these we notice the disturbance of the friendly relations existing between our government and those from which emigration takes place, commercial crises, etc.; and of the latter, the chief are acts of proscription by foreign governments, the occurrence of famine, etc.

The emigration to America, since the establishment of

our government, considered in any respect, whether political, social, or religious, must be regarded as the most remarkable in the history of mankind. For nearly a century, from every civilized, and from many semi-civilized nations, the drift of emigration has been to our shores. The emigrant is generally the poor, the disaffected, or the vicious, who seeks either to improve his condition, or gain a wider field for the exercise of his hitherto restrained passions. Yet from this singular admixture of races, religions, and diverse political education, there has as yet resulted only harmony, peace, prosperity, civil and religious freedom, and universal domestic happiness. The problems which these now historical facts present to the speculative are numerous, and of remarkable interest. The theoretical statesman has no precedent to determine the future complexion of our political institutions; the speculative theologian can by no process of reasoning or generalization establish a national church; and the ethnologist is at a loss as to the final type of an American.

THE WEEK.

ANOTHER special meeting of the N. Y. County Medical Society was held on the 26th inst., and we notice an increased interest of the Profession in the praiseworthy attempt which is in progress, to give efficiency to an organization which has suffered to be too long in a dormant state. The attendance was good, and the meeting an interesting one. A valuable paper was read by Dr. S. HANBURY SMITH, on the Indications for the Use of Mineral Waters in the Treatment of Chronic Diseases, as previously announced, and items of medical intelligence were communicated by one of the members of the Committee, whose special duty it is to furnish such contributions at each meeting.

We were gratified to notice the presence of several of the old members, who recollect the Society as it once was, and who are desirous for its renovation. Several younger members of the Profession have recently joined, and others will doubtless follow when the position and objects of the Society are more fully understood; and it is to these that we must look for an impetus which will raise it to an enviable place among the scientific associations of our city.

Prof. G. S. BEDFORD was appointed by the President to pronounce an eulogium upon Dr. FRANCIS, agreeably to a resolution adopted at a recent meeting of the Society held for the purpose of paying a tribute of respect to the memory of one of its distinguished members. The prestige of Prof. B.'s reputation as a graphic critic and a graceful and engaging speaker, and a subject affording such abundant scope for eulogy of the most honest kind, and which has such a strong hold upon the hearts of the Profession, will render the occasion one of unusual interest, and we trust that measures will be taken to gratify a large audience of both sexes.

The twenty-fourth annual commencement of the University Medical College, was held on Monday evening, the 4th inst., when the degree of M.D. was conferred by the Chancellor, Rev. Dr. FERRIS, on 129 graduates. In addition to this number, six members successfully passed the examination, from whom diplomas were withheld as they had not attained the required age of twenty-one. The annual awards of prizes were also made. The Mott medals were awarded as follows, viz. one of gold to EUGENE S. OLCOTT,

of New York, for the best dried anatomical preparation; the second of bronze, to MONTEFIORE J. MOSES, of Georgia, for the best record of Prof. Mott's Clinical Instructions. The METCALF prizes for the two best reports of the clinics of the Professor, were awarded to WM. R. REYDEN and ALEX. R. GEBBIE. The Van Buren prizes, consisting of two cases of instruments, were awarded to JOHN D. MURPHY and WM. R. REYDEN. The graduating class were addressed by Prof. A. C. POST. His address was replete with wholesome advice, and was listened to with great interest. This school is in a highly prosperous condition, the number of matriculants being 420.

At the meeting of the Academy of Medicine, Feb. 20th, Dr. KISSAM read an interesting account of the last illness of Dr. FRANCIS. Dr. SIMS, in some well-timed remarks upon the character of Dr. FRANCIS, alluded to a recent conversation between Dr. FRANCIS and Dr. MOTT, at which he was present. Dr. FRANCIS remarked that if Dr. MOTT died first, he would embalm his memory in a biography worthy of so great a subject, but added, if I die first, who will be my biographer? Dr. SIMS suggested Dr. MOTT. Dr. MOTT replied to Dr. FRANCIS, that he had known him long and intimately, but feared his inability to do justice to his character. At the conclusion of Dr. SIMS's remarks, we need scarcely add, that the Academy unanimously appointed Dr. MOTT the biographer of Dr. FRANCIS.

THE Homœopathic College of this city recently held its commencement, on which occasion the President gave the following significant charge to the graduates. We need no other proof of the utter worthlessness of the system which these young men are now deemed qualified to practise:—

"You need not stick alone to Homœopathy; if that will not cure, try Allopathy. If Allopathy fails, try Hydropathy, and if you are not then successful, adopt Spiritualism or any other curative means that may be at hand."

It is deeply humiliating to add that this Institution has a charter from the State, and by its diploma places its graduates upon the same legal footing as those of our best schools.

THE preliminary course in the Long Island College Hospital commenced on the 18th inst., and we are pleased to hear that the prospects are flattering for a good class during the regular session, which commences on the 18th inst. Notwithstanding the political troubles, students from the Southern, as well as the Northern States, are already matriculating.

A COURSE of lectures on Ophthalmic Medicine by Dr. GARISH, of the New York Ophthalmic Hospital, is announced to commence on the 11th inst. The time will be favorable to students, and many will doubtless avail themselves of the opportunity of acquiring practical knowledge of this branch of the healing art.

GURGLE FOR DIPHTHERIA.—Pyroligneous acid and water, equal parts; chlorate of potash, as much as will dissolve; honey enough to sweeten well; to be used two or three times a day. In very bad cases, when the whole fauces are covered over with the diphtheritic exudation, I omit the water and only use a little more honey with the acid. —Dr. FAULKNER, in *Maryland and Virginia Med. Jour.*

Reviews.

THE INSTITUTES OF MEDICINE. By MARTYN PAINY, A.M. M.D., LL.D. Sixth Edit. New York: Harper & Brothers, 1860.

THE veteran author of the Institutes continues to contrast, in the successive editions of his work, the new theories of disease and therapeutics, as they arise, with the principles therein laid down. In the present edition we find the attention of those theorists who are so boastful of the powers of nature in the cure of disease, called to the fact that this doctrine is as old as the history of medicine. The industry of the author in perfecting his work is worthy of commendation.

SURGICAL AND PRACTICAL OBSERVATIONS ON THE DISEASES OF THE HUMAN FOOT, WITH INSTRUCTIONS FOR THEIR TREATMENT. To which is added Advice on the Management of the Hand. Illustrated with six colored plates. By J. ZACHARIE, Surgeon-Chiropodist. New York: Charles B. Norton, 1860. pp. 96.

IN the whole range of Surgical literature, no treatise is more likely to attract attention than one devoted to Corns. It is a subject in which every man who walks the streets has a personal interest, and on which he often feels acutely. The author of this work is a professed Chiropodist, who has long enjoyed a reputation as a skilful and successful practitioner of his art. He has here given his experience of this class of painful and troublesome growths, and practical rules for their treatment. We have examined the work with great interest and profit; and although we might be disposed to dissent from some of the propositions of the author, we cordially recommend it to the attention of the profession as embodying a large amount of valuable information. It is dedicated to Dr. Mott, who has signified his interest in the success of the author's labors. The illustrations are well executed lithographs.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, at the Ninth Annual Meeting, held in the City of New York. Sept. 1860. Philadelphia, 1860. pp. 728.

THIS volume, though not as large as the last, contains many papers of interest both to pharmacutists and physicians. The report on the Progress of Pharmacy will repay perusal, as it embraces the improvements in this department during the past year. The report on Home Adulterations briefly alludes to the more common adulterations, but the committee state that "they feel that more ought to be said and done, which they dare not take the responsibility, as individuals, of saying and doing." The adulterations of milk at Boston are noticed, and the singular fact appears that one milkdealer sold genuine milk. The special reports are eighteen in number, and the volunteer papers six, many of which are of much practical interest.

A PAPER ON DIPHTHERIA, read before the New York Academy of Medicine, January, 1861. By JAMES WYNNE, M.D., New York. Baillière Brothers, 1861. pp. 32.

DR. WYNNE has embodied in his paper the principal facts relating to the history, causes, symptomology, and treatment of Diphtheria. It will be read with interest and profit by the practitioner who has to contend with this formidable disease.

ERRATUM.—In Number IX., page 153, first column, the date of the *Synopsis Medicinæ*, by Salmon, should read 1680 instead of 1860.

RESIGNATIONS OF MEDICAL OFFICERS IN THE ARMY AND NAVY SINCE NOV. 6, 1860.—ARMY—*Surgeons* S. P. Moore, S.C.; David C. De Leon, S.C. NAVY—*Surgeons* W. A. W. Spottswood, Va.; — Grafton, Ark.; Algernon S. Garnett, Va.; *Passed Assistant-Surgeons* A. M. Lynch, S.C.; T. J. Charlton, Ga.; *Assistant-Surgeon* C. E. Lining, S.C.

Progress of Medical Science.

PHYSIOLOGY AND PATHOLOGY.

By W. H. THOMSON, M.D.

3. *Variations in the Constituents of Healthy Urine.*—Mr. Houghton publishes, in a communication to the *Dublin Quarterly Journal*, Aug., 1860, the results and conclusions from numerous examinations made by him on various persons, some chiefly engaged in mental, some in bodily labor; and among the latter several of the inmates of the Military Prison. 1. The quantity of urea passed per day by men in health varies with their food and occupation, the latter being the principal cause, and regulating the other. 2. Men employed only in manual or routine bodily labor are sufficiently well fed on vegetable diet, and discharge, on an average, 400 grs. of urea per day, of which 300 grs. are spent in vital, and 100 grs. in mechanical work. This conclusion is in conformity with the experience of the mass of mankind employed in manual labor in all ages and countries. 3. When the work is of a higher order, a better quality of food must be supplied, sufficient to allow of a discharge of 533 grs. per day of urea, of which 300 grs. are spent, as before, in vital work, and 233 grs. in mental work, and the mechanical work necessary to keep the body in health. 4. The quantity of urea discharged per day varies also with the weight of the individual, which influences the vital and mental work. 5. The habits, weight, and occupation of the individual enable us to account for a range of the diurnal quantity of urea, varying from 300 to 630 grs. per day; and this discharge may be confidently predicted, when the habits and weight are known. When in any case the discharge of urea exceeds that calculable by the preceding data, it must be attributed to ill health, and most generally to that most fatal of all diseases, anxiety of mind—a vague and unscientific expression, which, however, denotes a most real disease. This fact alone would render the preceding investigation of importance to the physician, as it enables him, in a given case, to pronounce whether there is an excess of urea or not, and a consequent waste of the system. I have shown that the mere quantity will not decide the question, as from 300 to 630 grs. may be discharged by persons in perfect health, according to their peculiar work and physical conditions.

4. *Researches upon the Acclimatization of the Human Race.*—M. Boudin publishes an interesting paper with this title, in the *Annales d'Hygiène Publique*; and the conclusions at which the author has arrived are: 1. That it is nowhere proved that the human races are cosmopolitan, and a great number of facts even lead to an opposite opinion. 2. The faculty of acclimatization beyond the limits of the native country varies according to the species of the human race; and this difference is verified by the corresponding differences in the proportion of disease and death. 3. It has not yet been shown that the European can be perpetuated under the tropics, or even, in the condition of an agriculturist, in the north of Africa. 4. The adaptation of Europeans to a new climate appears to be effected with less difficulty in the warm countries of the southern, than in the northern hemisphere. 5. Europeans appear to bear migrations from south to north less easily than from north to south. 6. It has not yet been demonstrated that the negro race can be perpetuated in Gibraltar, in Egypt, in Algeria, in Ceylon, in the Mauritius, or in the English or French Antilles. 7. The negro race appears to become very readily acclimatized in the southern division of the United States of America, whilst it dies out, and presents a deplorable predisposition to mental alienation in the Northern States.—(*Lond. Med. Rev.*, Nov.)

5. *The Arsenic-Eating Imbroglia.*—Hardly any question of fact, for the last ten years, has proved so hard to settle, as whether there is a class of human beings in Styria,

Austria, who make a practice of eating deadly rats-bane; but we hope that Prof. Roscoe has succeeded in giving this dispute a quietus, at least as far as the fact of its actual existence is concerned, by his paper read before the Manchester Philosophical Society, Oct. 30, 1860, in which he brings forward an amount of affirmative testimony sufficient to prove their eating anything. Among other cases is one transmitted to him by Dr. Schäfer. In presence of Dr. Knappe, of Oberzehring, a man thirty years of age, and in robust health, ate, on the 22d of February, 1860, a piece of arsenious acid, weighing $4\frac{1}{2}$ grs.; on the 23d, another piece weighing $5\frac{1}{2}$ grs. His urine was carefully examined, and shown to contain arsenic. On the 24th he went away in his usual health. He informed Dr. Knappe that he was in the habit of taking the above quantities three or four times each week. A number of other cases, witnessed by the medical men themselves, of persons eating arsenic, are also detailed. Dr. Holler, of Hartberg, said that he and other persons, named in his report, guarantee that they are acquainted with forty persons who eat arsenic; and Dr. Forcher, of Gratz, gives a list of eleven in his neighborhood who indulge in the practice.

We can readily credit these statements of arsenic-eating, for we have ourselves seen corrosive sublimate eaters in the Levant, one of whom ate about eight grains, in our presence, without injury.

Reports of Societies.

KINGS COUNTY MEDICAL SOCIETY.

THE HEALTH LAWS OF BROOKLYN.

At a meeting of the Kings County Medical Society, held on the 20th of December, 1859, the Chairman of the Committee on Public Health, Dr. A. N. BELL, submitted a REPORT ON THE NECESSITY OF A SANITARY CODE FOR BROOKLYN. Immediately after the reading of the said Report, the Society "unanimously resolved that the Committee on Public Health be and are hereby authorised to confer with the corporate authorities, with the view of carrying out its objects." The committee having failed to accomplish anything under this resolution, at a meeting of this Society, held on the 18th inst., the Chairman of the Committee obtained leave to revise and publish the following report:

All questions which have for their object the preservation of life merit the first rank among the intelligent portion of every community. And it is at least the pleasure, if not the pride, of the medical profession, that they perpetuate the deliberately expressed opinion of the great Sydenham, on small-pox, that "it is better to assist mankind than to be commended by them."

In the Code of Ethics of the Kings County Medical Society, the first article, under the head of "Duties of the Profession to the Public," states that, "As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession; as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations, the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc.; and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives."

The sources of information on the subjects comprehended in this obligation of our Society have, until recently,

been so widely dispersed through numerous foreign periodicals and State documents, that to have arranged them into a well digested code of laws would have involved a laborious research. Hence it is that the Health Laws of our city are a heterogeneous collection of provisions against evils which have from time to time existed in our midst, but which would never have occurred, had we been duly mindful of the experience of other and more enlightened communities in the science of public health. It is true, however, that we have laws and ordinances which profess to have for their object the "preservation of public health." And the first aspect of these laws is flattering to the public appreciation of their merits, yet, if we analyse them closely, they are found to be deficient in the very groundwork of an enlightened code. Our existing laws take it for granted that every individual in the community is informed on what constitutes an equitable supply of pure air; that every one is versed in the scientific principles involved in ventilation; that all alike appreciate the importance of light, and the necessary degree of temperature and dryness; that all know the conditions and danger of sleeping amidst the fumes of charcoal; that each tenant of every tenement house has a just appreciation of the benefits of cleanliness; and all are regardful of each other's welfare, and therefore careful to have their children vaccinated; that everybody knows the importance of wholesome food and drink, and that any one can detect the slightest deviation in this respect by his or her own digestive capabilities. All are supposed to be equally learned in the ills that flesh is heir to, in the causes of death, and in nosological terms, and therefore any one is competent to give a legal certificate of the cause of death. Based upon this high degree of intelligence, our Board of Health is constituted in accordance therewith—no individual of it being a member of the medical profession. It consists of the Aldermen, or of such a number of that body as the Common Council shall designate, with the Mayor for president, or, in his absence, the President of the Board of Aldermen. The members of this Board are supposed to understand all the principles involved in the laws they are called upon to execute; and to this end it is also to be supposed that the subordinates they select from the policemen are in like manner competent to judge of the conditions requisite for the intelligent action of the Board—that is to say, they are presumed to be conversant with malignant, infectious, contagious, and epidemic diseases, and all the conditions of their prevalence. They therefore have the total charge and management of all lands, buildings, and premises for hospitals and hospital purposes. They have the right, as they are supposed to have the necessary knowledge, to decide upon any case of infectious or contagious disease, and they have the power to procure the removal of any person in accordance with this right; and to secure intelligent and faithful action, the *City Clerk's* certificate may be required as a voucher.

This Board is also necessarily learned (in effect) in physiology and chemistry, for the laws provide that they take cognizance of *fomites* of every kind, of all articles of bedding and clothing, of all alimentary substances which they may deem incompatible with the highest standard of health. It is useless to pursue this category, for there is much more of the same character. Let it suffice that the laws provide that one only of the *subordinates* to the Board of Health can be *reasonably* supposed to know anything of the duties thereunto pertaining; and that he, the Health Officer, is not a member of the Board, but is in all respects, *by the laws*, on a level with the policeman detailed for the most menial offices. The Health Officer is an appointee of the Common Council, and his duties are *whatever may be prescribed to him by the Board of Health*, having no voice in its councils, but obliged to do its bidding. Is it at all surprising, that in view of these circumstances and incoherences, we should be constantly appalled by a large mortality as a necessary sequence to patent evils? Aye, there is a great source of death existing in this community, the causes

of which we have no power to investigate. And though all the members of this Society experience ever so great a degree of leisure, each one reads the footing up of the mortality list, week after week, with perpetual astonishment that so many die while there is so little sickness. When a ship has sunk or a building fallen, there is an immediate cry for the punishment of some individual whose selfishness or carelessness has led to the calamity, in order that all men may be warned against the like dereliction of duty in time to come. Yet these incidental droppings, which so startle the ear, are as nothing compared to this stream of dark waters.

It is in no spirit of censoriousness that your Committee have felt called upon to give this résumé of our existing laws for the preservation of health. It would ill become this Society, or any member of it, to consider the subject of public health with any such purpose. It is to be feared that too many of us have been guilty of the same neglect that we charge upon others.

Those who act on the principle of being free to pursue their own business, or follow the dictates of their own interest without regard to the health and to the lives that they may sacrifice—no matter what their calling—possess a power of evil which no code of laws can obviate; and, if powers created for the preservation of public health may be abused, the evils arising from that abuse bear no comparison to those evils growing out of the freedom of every man to injure his neighbor.

Appreciating then, as we do, that it is as inconsistent with the scope of education as with the condition of things illustrated by our existing health laws, that the masses, or that the aldermen and councilmen selected from the masses, can be expected to understand the best conditions for the promotion of health, it behoves the members of the Kings County Medical Society to discharge the obligations of their profession, and to recommend a code of such completeness as to provide a qualified *personnel* for its faithful observance. Such a code we find in the "Draft of a Sanitary Code for Cities," Appendix E, in the Third Report of the National Quarantine and Sanitary Convention. The duty of executing and enforcing the provisions of this code is vested in a Board of Health, at least one-third of the members of which shall be Doctors of Medicine. And its "General Provisions" are that there shall be appointed annually, or at least at such times as shall be determined—

(1) A Registrar who shall be a Doctor of Medicine, whose duty it shall be to record the births, deaths, and marriages, and to regulate all funerals, and the proceedings thereunto appurtenant.

(2) A Medical Health Officer, who shall be the principal physician-in-ordinary to the Board of Health, who shall superintend, under the direction of the Board of Health, all the sanitary measures ordered by the Board; and who shall advise them generally as to all matters relating to the public health.

(3) A Board of — Consulting Physicians, whose duty it shall be, in case of an alarm of any contagious or other dangerous disease occurring in the district, to give the Board of Health all such professional advice and information as they may request, with a view to the prevention of such disease, and at all convenient times, when requested, to aid and assist them with their counsel and advice in all matters that relate to the preservation of the health of the inhabitants.

(4) An Engineer or Surveyor, whose duty it shall be to furnish all plans required for the use of the Board, to advise in relation to the construction and grade of the streets, the structure of the drains, the water supply, and generally, with regard to all plans for improving the surface and substratum of the district.

(5) Superintendents of Streets; of Health (or Cleaning), of Drains; and of Burials; whose duty it shall be to supervise, and direct, and execute the details of the various departments to which they shall be assigned, under the

direction of the Board; of the Health Officer; or of such other person as the Board of Health may direct.

(6) Such other officers as the Councils may from time to time determine.

The comprehensive and striking results brought out by the various recent investigations as to the best means of promoting health in cities, as well as those results derived from other sources of information, are so complete under the provisions of this "Draft," that we regard it as a model upon which legal provisions may be based for all the varied conditions of corporate communities. And we would that every member of the Kings County Medical Society should consider himself committed to such a reform of the Health Laws for Brooklyn as shall not stop short of a code based upon the principles herein embodied.

Correspondence.

UTERINE RETRACTOR.

[To the Editor of the AMERICAN MEDICAL TIMES.]

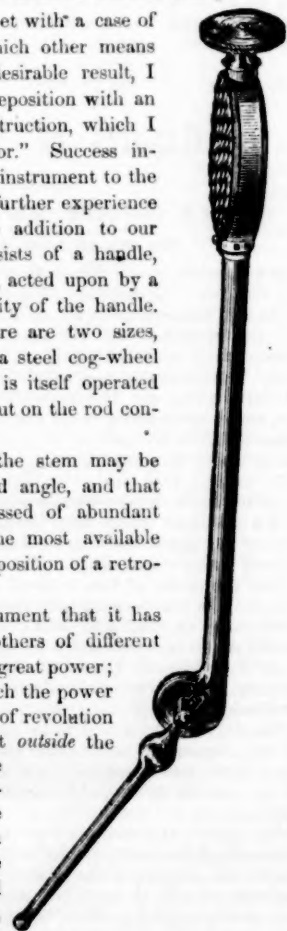
SIR:—Having recently met with a case of retroverted uterus, in which other means failed to accomplish a desirable result, I was led to attempt its reposition with an instrument of novel construction, which I call a "Uterine Retractor." Success inclines me to present the instrument to the profession, trusting that further experience may prove it a valuable addition to our *armamentarium*. It consists of a handle, shaft, and movable stem, acted upon by a screw-disc on the extremity of the handle. The stems, of which there are two sizes, screw into the axle of a steel cog-wheel (wholly inclosed), which is itself operated by a "perpetual screw" cut on the rod connected with the disc.

It will be seen that the stem may be introduced at any desired angle, and that the instrument is possessed of abundant mechanical power, in the most available form for the successful reposition of a retroverted organ.

I claim for this instrument that it has great advantages over others of different construction, in—1st. Its great power; 2d. The direction in which the power is applied; 3d. The axis of revolution being at the *os uteri* (not outside the *vagina*); 4th. The absence of all danger to the fundus from pressure of the point; 5th. The ease with which the position of the uterus may be ascertained at any period of its ascent, by means of the knob on the stem projecting through the axle. The diagram represents the "Retractor" half size.

Messrs. G. Tiemann & Co. manufacture the instrument in New York. H. WEBSTER JONES, M.D.

CHICAGO, Feb. 19, 1861.



DIPHTHERIA—CREASOTE AS A LOCAL APPLICATION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Within the last eighteen months I have treated over sixty cases of the disease, in what I suppose must have been a very mild form, for not more than a dozen of them caused me over two visits each. The mildest cases, however, were very slow to regain perfect health and strength, consequently, in a few instances, when the patient had been so little sick as to be regarded as independent of his physician, relapses occurred which caused me more trouble than any of the original cases. I have never treated any acute disease in which the time of convalescence was so long in proportion to the severity of the symptoms. This, I think, is an important characteristic of the disease. Another is the fetor of the breath, which I consider more characteristic than the false membranes. The latter are not present to any great extent in any but cases of considerable severity, while the fetid breath accompanies all cases in all stages, and I have, by its aid, correctly foretold, in numerous instances, an attack from twenty-four to forty-eight hours before its accession. The description of the membranous deposit, by Dr. Jonathan Kneeland, is accurate and impressive. I have seen this deposit repeatedly in bad cases of scarlatina in the throat, and on all the denuded surfaces on the patient. There is a striking similarity between the two diseases, particularly in severe cases, and still there are points of difference (the membrane is not one of them) which separate them widely. The easy perspiration in diphtheria contrasts strongly with the dry surface of scarlatina, while the absence of the eruption in the former, with the peculiar fetor of the breath; the protracted, wavering convalescence, and the fact of its attacking, apparently by choice, the families, and members of families (in my region) who had but two years before been visited by the severest epidemic of scarlatina that I have ever witnessed, complete, to my mind, the demonstration of their specific difference.

In the treatment of diphtheria (I don't like the name, because it springs from but one, and that only an incidental symptom) I have from curiosity made use of about all the articles mentioned as local remedies. Alum blown into the throat I laid aside years ago, after nearly suffocating several patients. I should think very highly of the method of application, for it would be convenient in other throat diseases if I could learn how to practise it without danger.

The chlorine mixture and chlorate of potass I have used in this disease and in scarlet fever, but have never witnessed any such good and prompt results as my reading had led me to expect. My main object in writing this letter is to say that I have found in creasote a better application than all the rest combined. One or two applications remove the fetor, and its continuance cures the throat. In a few instances, where the throat was badly coated, I used first as strong a solution of nitrate of silver as I could make, and then followed it with creasote. Once instead of the arg. nit. I used sulphate of copper and I think it better than the nitrate of silver, but might change my mind if I had further opportunities for trial. My treatment was about as follows, leaving out incidentals: Of turpentine, followed by any warm drink (smart-weed tea usually) scarifying the throat (Dr. Moses Sweet does not speak too highly of this measure), and creasote, ten or more drops (according to the sensations of the patient), in a gill of warm water, used as a gargle, or if the patient was too young for that, applied with a swab. When the acute stage was passing off, in cases of severity, I gave, with good effect, quinine and carbonate of ammonia.

Convalescents did well on liquid persesquinitrate of iron and would have done as well, perhaps, on any other form of iron, while many required nothing.

In conclusion, allow me to call the attention of the profession again to creasote as a local application.

B. T. K.

LIVINGSTON Co., N. Y., Feb. 20, 1861.

ANNUAL REPORT OF THE HEALTH OFFICER OF THE CITY OF BROOKLYN,

FOR THE YEAR 1860.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In about fifteen minutes' examination of this document we notice three things:

1. The writer seems to make the New York City Inspector's Reports his standard of excellence, and quotes largely from them.

2. The writer recommends to the City Council of Brooklyn, the passage of an ordinance which he gives in full. This ordinance, the origin of which he says nothing, is, in all its principal provisions, and to a great extent in its language, a copy of an ordinance proposed some years since by the Superintendent of Health of the City of Providence, and which, after five years' experience, has been condemned by its author in his recent report on registration to the Quarantine and Sanitary Convention.

3. The Health Officer of Brooklyn, in relation to the prevention of small-pox, says:—

"In order to relieve the minds of parents in relation to the quality of (vaccine) matter to be used upon such occasions, and also to meet the wants of the medical profession in this city in particular, I would recommend that a cow be set apart, and kept at the grounds of the almshouse or elsewhere for this especial purpose, from which fresh (vaccine) matter could always be obtained. The authorities of Boston have for several years, in this manner, and with effect, supplied the profession in that vicinity."

The italics are ours; the words are those of the writer of the report. It is seldom that we obtain so much valuable (?) information in fifteen minutes.

BROOKLYN.

INVERSION OF THE UTERUS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—As the subject of the inversion of the uterus occupies considerable space in the two last numbers of the MEDICAL TIMES, and it being one that ought to be understood by the young practitioners as well as the old, I ask permission to relate a single case, which will embrace all the experience I have ever had in a practice of over forty years.

About seven years ago, I attended a young lady, in labor with her second child. The action of the uterus was slow, and for some time inefficient. After the birth of the child, I waited a suitable time for the spontaneous expulsion of the placenta. I then seized the cord, made a gentle, oscillatory motion, as has been my custom in many cases; also gently pulling by the cord. I found, to my great surprise, that the placenta, womb, and all had slipped through the vagina; the uterus was completely inverted, with the placenta adhering all over the fundus. As this was the first and only case that ever occurred in my practice, I had not much to guide me in its management. I separated the placenta, which was very soft and tender, with my hand, being careful to remove every particle of it. The uterus, in its inverted state, felt like very fine silk or velvet, and was perfectly round in shape.

I returned the uterus by making a dimple or indentation at the fundus, with the ends of the fingers brought together; and finally, with the hand in a conical form, made gentle and firm pressure, not withdrawing the hand till the uterus was in its natural place, and every inequality of the internal surface removed. This patient, after being confined the usual time by child-bed sickness, recovered without any bad effects or inconvenience, and afterwards was the mother of other children.

In regard to the cause of this case of inversion, my impressions were, at the time of the occurrence of the accident, that the labor being somewhat protracted, reduced, in the first place, the strength and elasticity of the uterus

itself, as well as the adjacent parts; then the inversion was produced by the weight of the placenta attached to the fundus, together with the pulling by the cord, although less force was practised in this than in many other cases. These circumstances combined might have been sufficient cause for the inversion and displacement of the organ.

A. SEARLE, M.D.

ONONDAGO VALLEY, Feb. 21, 1861.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

Dec. 19, 1860.—A short time since, while calling at Duncan, Flockhart & Co., druggists, they informed me that they sold a large amount of *tr. actea racemosa*, obtained from America, for rheumatism. Prof. Simpson introduced it into use here, and extols it highly. I was shown some of Tilden & Co.'s sugar-coated pills, imported by D. F. & Co. They remarked that they could not use the half gr. pills of *ext. nucis vomice*, because here that was considered too large a dose.

The *tr. veratri viridis* has been used here but little; the uncertain strength of the *tr.* making it difficult to hit the proper dose. Mr. Edwards to-day, in his lecture upon aneurisms, mentioned the case of an American gentleman, whom he attended some years ago, suffering from an aneurism of the innominate. He took a cast of the external tumor, in this way forming a pad which would press equally upon the aneurism. This pressure causing diminution, it was gradually increased until at last all external tumor was obliterated, and all urgent symptoms alleviated. A year afterwards the man was reported to have died of fever without any return of the tumor. No post-mortem account obtained. A case was mentioned, which occurred here some years ago, exemplifying in a remarkable manner the power of the anastomosing circulation, under the most trying circumstances. A man while living presented no vestige of even a thrill in the arteries of the neck or arms. He lived about a year after he came under observation; how long this state had continued previously no one knew. On post-mortem, all the arteries at the root of the neck were found completely obliterated, except the left carotid, which would just admit an ordinary-sized silver probe. Some time ago a man was admitted into the medical department of the Infirmary apparently suffering from aggravated tonsillitis. I was present when he was seen by the visiting physician. A considerable dulness was noticed on percussion just behind the manubrium sterni. This, while it suggested the possibility of an aneurism, being unsupported by any auscultatory signs, did not prevent the diagnosis of tracheitis. Symptoms of suffocation becoming imminent, tracheotomy was performed high up. Death taking place soon after, post-mortem revealed an aneurism of the aorta, which pressing upon the recurrent laryngeal had given rise to the paroxysms of dyspnoea.

Some time since Prof. Simpson told me that he had advised syphilization in a case of syphilis which had resisted all other treatment, the result being a perfect and speedy cure.

One ward under Prof. Bennett's care is entirely devoted to the treatment of skin diseases. Cases of *favus* of the scalp, which are very common here, are considered by Dr. Bennett to be growths of parasitic fungi on the surface of the skin. Three forms are met with, all three essentially the same, viz. *tenia favosa*, a certain form of *pityriasis* of the scalp, and *mentagra*. I have seen all these forms here. The treatment adopted is—1st, To remove the constitutional derangement; and, 2dly, To employ such topical applications as tend to prevent the development of vegetable life. The affected scalp should be poulticed for several days, until the *favus* crusts are thoroughly softened and fall off. Then the head is carefully shaved, after which it will be found to present a shining, clear surface. Then either cod-liver oil, or some other oil, or a sulphurous acid lotion,

should be applied, and the head covered with an oil silk cap to prevent evaporation, and further exclude the atmospheric air. Prof. Bennett states that the average required duration of this treatment is six weeks. When *favus* is recent and of small extent, it may at once be destroyed by a free use of nitrate of silver as a cautery.

The three squamous eruptions, *psoriasis*, *pityriasis*, and *ichthyosis*, have been frequently shown. They are treated by pitch ointment thoroughly applied for a length of time, and by small doses of Fowler's solution. Oil of cade may be used in *psoriasis* of the scalp. The vesicular eruptions, comprising *eczema*, *herpes*, *scabies*, and *pemphigus*, are treated here with alkaline washes, especially *eczema*. The wash usually employed consists of 3 ss. of carbonate of soda dissolved in 3 xvj. of water. Lint moistened in this is kept constantly applied, covered with oil silk, or gutta percha sheeting, to prevent evaporation. *Scabies* appears to be as readily cured by simple ointment as any other.

The pustular eruptions, consisting of *impetigo*, *ecthyma*, *acne*, and *rupia*, are also treated by the alkaline wash. *Impetigo*, when it attacks the chin, constituting one of the forms of *mentagra*, can be speedily cured by this wash if it is kept constantly applied. The razor must be carefully avoided, sharp scissors used to cut away the beard. The parts must be kept constantly moist with the alkaline wash. When one shaves, flour and warm water in the form of paste must be used in the place of soap. In this way cases of eight or ten years' standing, which have resisted all other treatment, may be effectually cured in a few weeks. *Rupia*, Prof. Bennett contends, occurs always in individuals who have been poisoned by mercury. Hydriodate of potassa and tonic remedies should be used, and the sores poulticed and then treated with water dressing or red wash. If the pustules are numerous, it is better to let the crusts remain, because it is not well to expose too many ulcerated surfaces at once. The papular eruptions, viz. *lichen* and *prurigo*, are common, and are best treated by constant inunction with lard, or, in obstinate cases, with the ung. hyd. precip. alb. Add to these diseases that I have mentioned the *Exanthemata*, consisting of *erythema*, *roseola*, and *urticaria*; the *Tubercula*, consisting of *lepra tuberculosa*, *lupus*, and *moluscum*; the *Maculae*, consisting of *lentigo*, *ephelides*, *navi*, and *purpura*; and the *Dermatozoa*, consisting of *entozoon folliculorum*, *acarus*, and *pediculus*; and we complete the list of skin diseases according to Dr. Bennett. The reasons for this simple classification can be found in his work on practical medicine. Suffice it now to say that he "does not pretend to form a classification that is perfect, or even pathological, but one which some experience in the teaching of these diseases has convinced me is useful and practical for the student."

Medical News.

CIRCULAR.—The question of the entire immunity from danger which is claimed for anaesthesia produced by ether, being still under discussion, the Boston Society for Medical Improvement has appointed a Committee "to investigate the alleged deaths from the inhalation of sulphuric ether, and to report thereon." They would request the Medical Profession to communicate such cases, coming within their own observation, as shall serve to this end; giving the place, time, and circumstances of their occurrence, with the mode of inhalation adopted, and, especially, information in regard to the following points:—1st. The kind of ether used, whether pure sulphuric ether, chloric ether, or ether combined with chloroform. 2d. The period after inhalation at which death occurred; also any other facts which may enable them to form an opinion on the subject of their investigations. Committee—Richard M. Hodges, M.D., Chairman; George Hayward, M.D.; Solomon D. Townsend, M.D.; Charles T. Jackson, M.D.; J. Baxter Upham, M.D.

MEMBERS OF THE NEW YORK OPHTHALMIC CLASS FOR THE SESSION OF 1860-61.—*J. Craig, Minnesota; G. W. Edwards, New York; C. F. Miesse, Ohio; B. A. Watson, New Jersey; F. G. Stanley, M.D., Illinois; J. E. Lynch, Ohio; A. J. Harris, Pennsylvania; J. T. H. Scott, M.D., Iowa; W. L. Wheeler, New York; H. Hill, M.D., Canada West; S. Souders, Ohio; S. W. Briggs, M.D., New Brunswick; J. L. Kiernan, M.D., New York; S. Ayers, Indiana; C. R. Case, M.D., Michigan; A. D. Smith, Georgia; H. S. Plympton, Massachusetts; T. H. Shilwell, New York; W. R. Stilwell, New York; G. R. Wells, M.D., Wisconsin; J. W. Robie, New Hampshire; S. J. Dewey, M.D., Illinois; B. O. Reynolds, M.D., Wisconsin; Calhoun Hill, North Carolina; R. V. McKim, Maryland.*

SPECIAL NOTICES.

WOOD AND MOTT PRIZES.—*These prizes will be publicly awarded in the Theatre of Bellevue Hospital, Thursday, March 14th, at 1 P. M., by Prof. VALENTINE MOTT, Chairman of the Committee. Addresses will be made on the occasion.*

SECTION ON SURGERY.—*This Section will meet on Friday evening, March 15, at Dr. J. R. Wood's. Subject: Opening of Joints.*

COMMUNICATIONS have been received from:—

Connecticut—Dr. A. WOODWARD, Illinois—Dr. F. C. JOHNSON, A. B. McCHESNEY, G. F. CUTLER, E. G. BOGUE, W. R. SMITH, H. M. CRAWFORD, Indiana—Dr. D. H. VANSYLS, Iowa—Dr. IRELAND, Massachusetts—Dr. W. MACK, Michigan—Dr. D. D. STEBBINS, G. B. NICHOLS, W. MOTT, H. O. HITCHCOCK, J. COUGH, New York—Dr. W. W. CRADILL, S. J. EYERS, E. P. GRAY, E. BOYD, H. JOHNSON, M. W. TOWNSEND, J. W. SAWYER, Pennsylvania—Dr. A. H. SMITH, Vermont—Dr. E. S. BLANCHARD, Virginia—Dr. W. H. BRAMBLITT.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 25th day of February to the 4th day of March, 1861.

Abstract of the Official Report.

Deaths.—Men, 94; women, 95; boys, 129; girls, 94—total, 408. Adults, 189; children, 214; males, 214; females, 129; colored, 7. Infants under two years of age, 185. Among the causes of death we notice:—infantile convulsions, 28; croup, 14; diphtheria, 5; scarlet fever, 29; typhus and typhoid fevers, 8; consumption, 86; small-pox, 16; dropsy of head, 15; infantile marasmus, 16; puerperal fever, 6; inflammation of brain, 7; of lungs, 30; bronchitis, 8; congestion of brain, 10; of lungs, 5; erysipelas, 1; whooping cough, 2; measles, 6. 2-7 deaths occurred from acute disease, and 12 from violent causes. 263 were native, and 140 foreign; of whom 91 came from Ireland; 4 died in the Immigrant Institution, and 49 in the City Charities; of whom 11 were in the Bellevue Hospital. The deaths of the first nine weeks of 1861 were 930, or about one-fourth less in number than in the corresponding period last year.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

Feb'y. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	18.	18.	30.	30.	30.	30.	30.			
24th	29.65	.69	30	16	44	5	9	N.W.	6	.05
25th	30.84	.35	32	19	48	5	9	S.W.	0	
26th	30.15	.20	44	37	51	5	8	"	0	
27th	30.24	.10	49	36	62	6	9	"	1	
28th	30.00	.30	60	50	70	7	9	"	0	
1st	29.70	.30	56	46	66	7	12	"	4	
2d	29.75	.10	56	42	70	7	11	S.E.	4	.07

MEDICAL DIARY OF THE WEEK.

Monday, Mar. 11.	NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Mar. 12.	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, Mar. 13.	EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Mott, half-past 1 P.M. THE PATHOLOGICAL SOCIETY, 7 1/2 P.M.
Thursday, Mar. 14.	OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M.
Friday, Mar. 15.	NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Mar. 17.	BELLEVUE HOSPITAL, Dr. Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

A Book about Doctors, by J. Cordy

Jefferson. 2 vols 8vo. London, 1861. \$6.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

The Seven Sisters of Sleep, a Popular

History of the Seven Prevailing Narcotics of the World, by M. C. Cooke. 12mo. London, 1860. \$2.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

Diagrams of the Nerves of the

Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. Flower, M.D. Folio. London, 1861. \$4.57.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

Acclimation et Domestication des

Animaux utiles, par J. Geoffroy Saint-Hilaire. 8vo. Paris, 1861. \$2.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

A Paper on Diphtheria, read before

the New York Academy of Medicine, January, 1861. 8vo. 25 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

SENT FREE BY MAIL ON RECEIPT OF PRICE.

A Treatise on Fever; or, Selections

from a Course of Lectures on Fever, by R. D. Lyons, M.D. 8vo. London, 1861. \$3.57.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

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